

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2479AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>RAFAEL HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3804 APACHE LANE LAS VEGAS, NV 89107</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey and complaint investigation survey conducted at your facility on 10/05/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for five (5) total beds.</p> <p>The facility was licensed as a five (5) beds, Residential Facility for Groups which provides care for elderly and disabled persons, Category I.</p> <p>The census at the time of the survey was three (3) residents.</p> <p>Three (3) of three (3) resident files were reviewed.</p> <p>Three (3) of three (3) employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105  Y 105 SS=F	Continued From page 1  449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 10/07/08, the facility failed to ensure that two (2) of three (3) employees had met the background check requirements for criminal history.  Findings include:  Employee #2's (hire date 7/1/99) employee file contained a negative background check report dated 4/29/03. There was no evidence in the employee file regarding an updated background check report within the past five years.  Employee #3's (hire date 7/1/99) employee file contained a negative background check report dated 4/08/03. There was no evidence in the employee file regarding an updated background check report within the past five years.  Severity: 2                      Scope: 3	Y 105  Y 105		
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after	Y 859		

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Y 859	<p>Continued From page 2</p> <p>admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to obtain the results of an annual physical examination of a resident by their physician for 3 of 3 residents residing in the facility for longer than a year.</p> <p>Findings include:</p> <p>The file for Resident #1 (admitted 4/27/06) failed to contain the results of a general examination before admission to the facility, and the results of an annual physical examination by a physician.</p> <p>The file for Resident #2 (admitted 3/01/04) failed to contain the results of an annual physical examination by a physician.</p> <p>The file for Resident #3 (admitted 7/18/07) failed to contain the results of an annual physical examination by a physician.</p> <p>Severity: 2      Scope: 3</p>	Y 859		
Y 870 SS=F	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration	Y 870		

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Y 870	<p>Continued From page 3</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 3 residents residing in the facility for longer than six months.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 4/27/08. The medication profile reviews available in the record were dated 4/11/07 and 3/27/08.</p> <p>Resident #3 was admitted to the facility on 7/18/07. The medication profile review available in the record was dated 8/01/07.</p> <p>Severity: 2 Scope: 3</p>	Y 870			

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Y 877	Continued From page 4	Y 877			
Y 877 SS=E	<p>449.2742(5) OTC medications &amp; Dietary Supplements</p> <p>NAC 449.2742</p> <p>5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain physician orders to administer over-the-counter (OTC) medications to 1 of 3 residents.</p> <p>Findings include:</p> <p>Resident #3 - The October 2008 medication administration record (MAR) was reviewed for the resident. The October 2008 MAR indicated the resident was receiving Docusate Sodium 100mg daily and Aspirin 81 mg daily. The MAR indicated the resident had received the medication since admission to the facility. The caregiver reported she had failed to obtain an order from the resident's physician to administer the</p>	Y 877			

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Y 877	Continued From page 5 medications.  Severity: 2      Scope: 2	Y 877			

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